



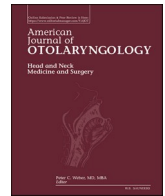
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Letter to the Editor

Embracing telemedicine into your otolaryngology practice amid the COVID-19 crisis: An invited commentary

1. Introduction

On May 8, 2020, the Center for Medicare and Medicaid Services (CMS) formally released an Interim Final Rule [1] that provided more changes to telemedicine coding, billing and reimbursement. This rule, informally released on April 30, 2020, placed additional Current Procedural Terminology® (CPT) codes on the approved telehealth code list including telephone calls.

The purpose of this Letter to the Editor is to highlight significant updates to our previously published article “Embracing telemedicine into your otolaryngology practice amid the COVID-19 crisis: An invited commentary” due to new guidance from CMS.

2. Modifiers for telephone calls and other non-telehealth services during the COVID-19 waiver

As of 4/23/20, Medicare requires modifier CR (Catastrophe/disaster related) to identify Part B line item services/items that are related to a COVID-19 waiver. Medicare will not deny claims due to the presence of this condition code or modifier for services/items not related to a COVID-19 waiver [2]. Modifier CR should be appended to telephone call codes and any other codes for services provided that are not considered telehealth services such as e-visits and digital check-ins.

3. Medicare pays more for telephone calls

Historically, CMS has not paid for telephone call codes 99441–99443. However, CMS did allow payment during the pandemic but at a nominal fee. As of 4/30/20, CMS is cross-walking the values for telephone CPT codes to higher valued established patient visits codes as shown in the table below [3].

Telephone call code	Established patient visit code
99441 5–10 min	99212
99442 11–20 min	99213
99443 21–30 min	99214

Medicare now considers the telephone call codes to be a telehealth service [1,3,4]; therefore, modifier 95 should be appended to the 99441–99443 codes.

4. Medicare adopts CPT times

Tables 3 and 4 in the original article are no longer accurate as

Medicare now uses CPT times [3] for codes as shown below.

New patient visit codes.

CPT code	CPT & CMS time
99201	10 min
99202	20 min
99203	30 min
99204	45 min
99205	60 min

Established patient visit times.

CPT code	CPT & CMS time
99212	10 min
99213	15 min
99214	25 min
99215	40 min

5. Addition of allowed providers

Physical therapists, occupational therapists and speech-language pathologists are now allowed providers of certain services covered by Medicare’s new telehealth services listing [1,3].

References

- [1] Medicare and Medicaid Programs, Basic Health Program, and Exchanges; Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency <https://www.federalregister.gov/documents/2020/05/08/2020-09608/medicare-and-medicare-programs-basic-health-program-and-exchange-s-additional-policy-and-regulatory> (accessed 5/27/20).
- [2] COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service (FFS) Billing, page 36 <https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf> (accessed 5/27/20).
- [3] Summary of Policies in the Calendar Year (CY) 2020 Medicare Physician Fee Schedule (MPFS) Public Health Emergency (PHE) Interim Final Rules <https://www.cms.gov/files/document/mm11805.pdf> (accessed 5/27/20).
- [4] Medicare’s list of services payable under the Medicare Physician Fee Schedule when furnished via telehealth updated 4/30/20 <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes> (accessed 5/27/20).

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¹ <https://www.sciencedirect.com/science/article/pii/S0196070920301721?via%3Dihub>